

**EXECUTIVE LOBBYING
REGISTRATION/ RENEWAL FOR
THE YEAR OF 2007**

(Fill in year.)

Instructions

- 1. Print in ink or type.
- 1. Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- 1. Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Moore
Last Jerry First MI MI

2. BUSINESS PHONE (202) 320-1380
Area Code and Phone Number

3. FAX NUMBER (202) 320-1381

4. BUSINESS ADDRESS 444 North Capitol St., NW-Suite 399
Street and No. 399 City Washington State DC

RECEIVED
2007 MAY 16
RE-2007-1
2 Zip 20001
23

MAILING ADDRESS 444 North Capitol St., NW-Suite 399
Street and No. 399 City Washington State DC Zip 20001

5. EMPLOYER Teva Pharmaceuticals USA, Inc.

6. EMPLOYER'S ADDRESS 444 North Capitol St. Washington DC 20001
Street and No. 444 City Washington State DC Zip 20001

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Teva Pharmaceuticals USA, Inc.

Address 444 North Capitol St., NW Suite 399 Washington DC 20001

Business or purpose Healthcare and Pharmaceuticals

Does this person pay you? yes

If No, who pays you? _____

523

Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date:

Reg. 2007

3038

\$110

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SCANNED

JUL 09 2007

By: jm

3070097

2/6/07 msp

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No.

2. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

3. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

4. Name _____

Address _____

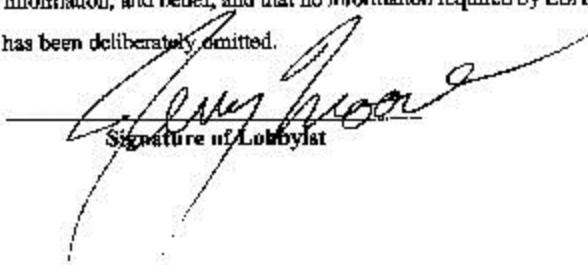
Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.



Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE